



08/28/01

AA Sept 28

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/845,057
	Filing Date	04/27/2001
	First Named Inventor	Polizzi
	Group Art Unit	2183
	Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	Attorney Docket Number	68110328.715

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply Preliminary	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<b>Declaration for Utility/Design Patent Application</b>
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<b>Check in the amount of \$1874 for Filing fee; extra claims; surcharge for Missing Parts and assignment fee</b>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<b>Copies of Patent References</b>
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	<b>Postcard Acknowledgement</b>
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brian C. McCormack BAKER & MCKENZIE
Signature	
Date	08/27/2001

CERTIFICATE OF MAILING		EL 698812648US
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as <b>Express</b> mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <b>08/27/2001</b>		
Typed or printed name	Christi Pingleton	
Signature		Date <b>08/27/2001</b>

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**FREE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT (\$)** 1874.00**Complete if Known**

Application Number	09/845,057
Filing Date	04/27/2001
First Named Inventor	Polizzi
Examiner Name	Not Yet Assigned
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**METHOD OF PAYMENT**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **130480**  
Deposit Account Name **BAKER & MCKENZIE**

- ☒
- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:**

☒ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	710.00
106 320	206 160	Design filing fee	
107 490	207 245	Plant filing fee	
108 710	208 355	Reissue filing fee	
114 150	214 75	Provisional filing fee	

**SUBTOTAL (1)** (\$) 710.00**2. EXTRA CLAIM FEES**

Total Claims **53** -20\*\* = **33** x **18.00** = **594.00**  
Independent Claims **8** -3\*\* = **5** x **80.00** = **400.00**  
Multiple Dependent  =

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 80	202 40	Independent claims in excess of 3
104 270	204 135	Multiple dependent claim, if not paid
109 80	209 40	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** (\$) 994.00

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	130.00
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 390	216 195	Extension for reply within second month	
117 890	217 445	Extension for reply within third month	
118 1,390	218 695	Extension for reply within fourth month	
128 1,890	228 945	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,240	241 620	Petition to revive - unintentional	
142 1,240	242 620	Utility issue fee (or reissue)	
143 440	243 220	Design issue fee	
144 600	244 300	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	40.00
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))	
179 710	279 355	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$) 170.00**SUBMITTED BY**Name (Print/Type) **Brian C. McCormack**Registration No. **36,601**  
(Attorney/Agent)**Complete (if applicable)**Telephone **214/978-3000**Signature **Brian C. McCormack**Date **8/27/2001****WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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